NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
ATTACHMENT 2.5
CHANGE OF PAYOR STATUS for PAYORS

For an entity that is self-insured, the following information must be filed for any change in status from the original election submission filed except a change in Third Party Administrators (i.e., switching from one TPA to another TPA) which must be filed using Attachment #2.6.

Payor Name:_____**Payor Federal ID #:**_____

Contact Person:_____**Phone #:**_____

Effective Date of Change:_____

Check any applicable box:

❏   *SELF-INSURED TO FULLY INSURED*

If as a self-insured fund you have become fully insured complete this section. If you previously used a TPA for claims processing, please list the TPA name, federal ID #, contact name, and phone #, otherwise, if you performed your own claims processing, enter N/A under TPA name.

TPA Name:_____ TPA Federal ID #:_____

Contact Name:_____ Phone #:_____

Check one of the following:

❏   TPA or fund will continue to file reports until all claims have been adjudicated at which time a final monthly report with a copy of this form indicating same will be filed (see NOTE on page 2).

❏   All self-insured claims have been adjudicated effective_____ (see NOTE on page 2).

❏   *SELF-INSURED FUND WITHOUT A TPA TO SELF-INSURED FUND __WITH A TPA__*

If as a self-insured fund you did not utilize a TPA for claims processing and are now utilizing a TPA, list the TPA name, federal ID #, contact name, and phone #.

TPA Name:_____ TPA Federal ID #:_____

Contact Name:_____ Phone #:_____

Check one of the following:

❏   Fund will continue to process claims and file reports for all dates of service prior to the change until all such claims have been adjudicated, at which time a final monthly report with a copy of this form indicating same will be filed (see NOTE on page 2).

❏   Fund ceased processing all claims effective_____ and all monthly reports and pool payments will now be filed directly by the TPA.

❏   All self-insured claims that fund was responsible for have been adjudicated effective_____ (see NOTE below).

❑ ***SELF-INSURED FUND <u>WITH</u> A TPA TO SELF-INSURED FUND WITHOUT A TPA***

If as a self-insured fund you previously used a TPA for claims processing and have discontinued their service and will now be performing your own claims processing, fill out the information below. Please note that if your are changing TPAs and will ***NOT*** be performing your own claims processing, you should not complete this form but complete Attachment #2.6 instead.

<u>Check one of the following:</u>

❑ TPA will continue to process claims and file reports for all dates of service prior to the change until all such claims have been adjudicated, at which time a final monthly report with a copy of this form indicating same will be filed (see NOTE below).

❑ TPA ceased processing all claims effective_____ and all monthly reports and pool payments will now be filed directly by the self-insured fund.

❑ All self-insured claims that TPA was responsible for have been adjudicated effective_____ (see NOTE below).

❑ ***OTHER***

For any change of status, other than those listed above, describe below the type of status change you are filing.

_____
_____
_____

NOTE: **A fund that has a status change continues to have a reporting requirement for a period of one year following the end of the year in which the status change occurred or until all claims for the period during which the fund was an elector have been adjudicated. Once all run-off claims have been adjudicated (paid), a monthly report, which clearly indicates that all claims for the election period have been adjudicated must be submitted, along with a copy of this form indicating same.**

Signature of Payor_____ **Date**_____

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| **MAIL THIS ATTACHMENT TO:** |
| Mr. Jerome Alaimo, Pool Administrator |
| Office of Pool Administration |
| Excellus BlueCross BlueShield, Central New York Region |
| P.O. Box 4757 |
| Syracuse, NY 13221-4757 |
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